



BILLING CARD

Patient Name **Mr. MANI SHANKAR**
 35/Male/MHM202404817
 14/05/2024/IPM2024000385
IP No. **Dr. VAISHNAVI GANESAN**
Room No.



D.O.A. 14/5/24 **Time** 2.00pm

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/5/24	7.30pm	ER	307	Sanjay 3198
14/5/24	9.30pm	307 (Ward #100)	309 (Ward #100)	Sanjay 3198

OPERATION THEA TRE

Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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	Others :

Date	LABORATORY
14/5/24	RET, LFT, URINE HbA1c (3395)
15/5/24	CBC (3412) CBC @ 10:30pm (3442)
16/5/24	CBC (3482) urine RE (3481)
17/5/24	Platelet (3572)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

14/5/24 XRAY (3404) ✓

14/5/24 ECU (3409) ✓

15/5/24 USG abdomen done / (3434) Dr. Gnanasarasuath

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

